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PTO/BB/88 (08-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Andrew David MorleyApplication No.: 10/505,592Filed: September 3, 2004Entitled: INDOLE-AMIDE DERIVATIVES AND THEIR USE AS GLYCOGEN
PHOSPHORAYLASE INHIBITORSAstraZeneca AB

, a

Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
- in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 016412,
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OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.
(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Tracey Bryant
Signature13 JANUARY 2006
DateTracey Bryant
Printed or Typed Name

Telephone Number

Authorized Signer for Assignee

+44 (0) 1625 513228

Title: Patent Director, Oncology & Infection

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PTO/SB/52 (08-04)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/506,592		
	Filing Date	September 3, 2004		
	First Named Inventor	Andrew David Morely		
	Art Unit	1626		
	Examiner Name	Nolan, Jason Michael		
	Attorney Docket Number	100659-1P US		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR
☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:
☒ The address associated with Customer Number:
OR

☐ Firm or Individual Name

Address

City

Country State Zip

Telephone Fax

I am the:

☐ Applicant/Inventor.
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of to me are submitted.

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